#### State of Rhode Island Department of Administration

## INTER-OFFICE MEMORANDUM

#### Office of Accounts and Control

**TO:** Chief Financial Officers **DATE:** October 7, 2002

State Departments and Agencies

**FROM:** Lawrence C. Franklin, Jr., State Controller

SUBJECT: REVISED FIXED ASSET FORM

The **Fixed Asset Supplement To Form A-12** (Form SFA-12) has been renamed and revised.

The new name of the form is now "Capital Asset Acquisition Report" (Form SFA-12).

This form has been revised to require the reporting of the RI-SAIL vendor number and a box to indicate the date the associated RI-SAIL transaction (if applicable) is paid has been added to the form.

The new form can be downloaded from the Controller's Office Forms web page. Please use the new form as soon as possible. The Accounts Payable Section of the Office of Accounts and Control will not accept the old forms after November 1, 2002.

Please contact Lydia Charron at 401-222-4800 or LydiaC@gw.doa.state.ri.us. or Amy Holobowicz at(401-222-4802 or AmyH@gw.doa.state.ri.us) with any questions concerning this subject matter.

/hh CFO:03-24 SFA-12 (9/02)

# State of Rhode Island Department of Administration OFFICE OF ACCOUNTS AND CONTROL One Capitol Hill 4<sup>th</sup> Floor, Providence, RI 02908

VEN	<b>IDOR</b>	INVO	ICE

VENDOR ID#

### **CAPITAL ASSET ACQUISITION REPORT**

PURCHASE ORDER NO.

ACQUISITI	ON DATE	<u>.</u>							
LOCATIO	N OF ASS	ET(S) <i>plea</i>	ise include	e complete address	<u> </u>				
FUND/AGENCY: (4 DIGITS))		LINE	LINE ITEM SEQUENCE SOURCE: (8 DIGITS)			NATURAL ACCOUNT: (6 DIGITS)			
FUNCTIO	FUNCTION CODE: (2 DIGITS)		AQUSITIO	AQUSITION CODE: (2 DIGITS) TITLE CODE: (2 DIG		DIGITS)	GITS) CATEGORY CODE: (3 DIGITS)		
LOCATION CODE	FLOOR CODE	SER: NUM		DESCRIPTIO	N OF ASSETS		CODE LABEL UMBER**	INDIVIDUAL PRICE	
					DAID				
				DAIE	PAID				
				**FOR A & C	USE ONLY**				
*	**BARCO	DE #'s \	WILL BE	GIVEN BY THE			MINISTRA	TION.	
Check Box	x if SFA-12 dum Only			I HEREBY CERTIFY TH. THE ITEMS LISTED ABC BYME. THIS IS A JUST NEVER BEEN PAID BEF IN ADDITION, WHERE A COMPLETE AND ACCUR	AT: VE HAVE BEEN RECEIY AND PROPER CHARGE A ORE, AND I AM DULY A PPLICABLE, INFORMAT	VED IN GO AGAINST TI AUTHORIZE	OD CONDITION AN HE ACCOUNTS LIS ED TO SIGN THIS	ND ACCEPTED TED AND HAS CERTIFICATE.	
				RECEIVED BY:		DELI	V. DATE:		
				AUTHORIZED BY:					